

2-ES Massachusetts
Department of Revenue

Estimated Tax Payment — 2007
For filers of Forms 2, 3F and 3M

Voucher 1

Federal Identification number	Be sure this return covers correct period	Due date	Voucher 1	Estimated tax for the year ending MONTH / DAY / YEAR
Name			1. Estimated quarterly tax on 12% income (from line 2c of estimated tax worksheet): \$	
Street address			2. Estimated quarterly tax on long-term capital gain income (from line 3c of estimated tax worksheet): \$	
City/Town	State	Zip	3. Amount of this installment (from line 9 of estimated tax worksheet): \$	
Return this voucher with check or money order payable to: Commonwealth of Massachusetts.			Check which form you plan to file: <input type="checkbox"/> Form 2 Fiduciary <input type="checkbox"/> Form 3F Corporate Trust <input type="checkbox"/> Form 3M Club and other	
Mail to: Massachusetts Department of Revenue, PO Box 7007, Boston, MA 02204				

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Voucher 2

Federal Identification number	Be sure this return covers correct period	Due date	Voucher 2	Estimated tax for the year ending MONTH / DAY / YEAR
Name			1. Estimated quarterly tax on 12% income (from line 2c of estimated tax worksheet): \$	
Street address			2. Estimated quarterly tax on long-term capital gain income (from line 3c of estimated tax worksheet): \$	
City/Town	State	Zip	3. Amount of this installment (from line 9 of estimated tax worksheet): \$	
Return this voucher with check or money order payable to: Commonwealth of Massachusetts.			Check which form you plan to file: <input type="checkbox"/> Form 2 Fiduciary <input type="checkbox"/> Form 3F Corporate Trust <input type="checkbox"/> Form 3M Club and other	
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Voucher 3

Federal Identification number	Be sure this return covers correct period	Due date	Voucher 3	Estimated tax for the year ending MONTH / DAY / YEAR
Name			1. Estimated quarterly tax on 12% income (from line 2c of estimated tax worksheet): \$	
Street address			2. Estimated quarterly tax on long-term capital gain income (from line 3c of estimated tax worksheet): \$	
City/Town	State	Zip	3. Amount of this installment (from line 9 of estimated tax worksheet): \$	
Return this voucher with check or money order payable to: Commonwealth of Massachusetts.			Check which form you plan to file: <input type="checkbox"/> Form 2 Fiduciary <input type="checkbox"/> Form 3F Corporate Trust <input type="checkbox"/> Form 3M Club and other	
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Voucher 4

Federal Identification number	Be sure this return covers correct period	Due date	Voucher 4	Estimated tax for the year ending MONTH / DAY / YEAR
Name			1. Estimated quarterly tax on 12% income (from line 2c of estimated tax worksheet): \$	
Street address			2. Estimated quarterly tax on long-term capital gain income (from line 3c of estimated tax worksheet): \$	
City/Town	State	Zip	3. Amount of this installment (from line 9 of estimated tax worksheet): \$	
Return this voucher with check or money order payable to: Commonwealth of Massachusetts.			Check which form you plan to file: <input type="checkbox"/> Form 2 <input type="checkbox"/> Form 3F <input type="checkbox"/> Form 3M Fiduciary Corporate Trust Club and other	
Mail to: Massachusetts Department of Revenue, PO Box 7007, Boston, MA 02204				